



Enter your transmittal number

W150641

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

BWP-IW 38

Permit for Industrial Sewer User

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

Existing Discharge

3. Type of Project or Activity

B. Applicant Information – Firm or Individual

Wheelabrator Saugus J.V.

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

Faia

Robert

2. Last Name of Individual

3. First Name of Individual

4. MI

100 Salem Turnpike

5. Street Address

Saugus

MA

01906

(781) 233-7600

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

rfaia@WM.com

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Wheelabrator Saugus J.V.

1. Name of Facility, Site Or Individual

100 Salem Turnpike

2. Street Address

Saugus

MA

01906

(781) 233-7600

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

EORM, Inc.

1. Name of Firm Or Individual

400 West Cummings Park, Suite 5850

2. Address

Woburn

MA

01801

(781) 756-3820

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Jim Connolly

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no

If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).

There are no fee exemptions for BWSC permits, regardless of applicant status.

2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

\$1,605

Dollar Amount

Date